## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000039608

Entity Name: CIMO MAZER MARK PLLC

**Current Principal Place of Business:** 

255 ALHAMBRA CIRCLE, SUITE 1160

CORAL GABLES. FL 33134

**Current Mailing Address:** 

255 ALHAMBRA CIRCLE, SUITE 1160 CORAL GABLES. FL 33134 US

FEI Number: 82-4440926 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZER, JASON S MANAGER 255 ALHAMBRA CIRCLE **SUITE 1160** CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JASON S. MAZER 02/23/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name CIMO, DAVID C Name MAZER, JASON S

Address 255 ALHAMBRA CIRCLE, SUITE 1160 Address 255 ALHAMBRA CIRCLE, SUITE 1160

CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134 City-State-Zip:

Title MGR

Name MARK, MARILEE A

Address 255 ALHAMBRA CIRCLE, SUITE 1160

City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

02/23/2024 SIGNATURE: JASON S. MAZER MANAGER

**FILED** Feb 23, 2024

**Secretary of State** 

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